

INTERDISTRICT PUBLIC SCHOOL CHOICE
NOTIFICATION OF INTENT TO PARTICIPATE IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM

(SAMPLE)

TO: The Superintendent/Chief School Administrator

DATE: _____

Name of the district where you live

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my child's intention to participate in the Interdistrict Public School Choice Program (school choice program) in September 2004. I understand that you will notify me in writing no later than [**first cycle: November 25, 2003**] [**second cycle: March 25, 2004**] whether or not my child may participate in the school choice program.

RE:

Your child's name

Your child's address

CURRENT SCHOOL: _____ **CURRENT GRADE:** _____

SIGNED: _____ **PRINT:** _____
Signature of Parent or Guardian Name of Parent or Guardian

Address of Parent or Guardian

Due to district of residence by [first cycle: November 3, 2003] [second cycle: March 3, 2004]